NEFIRS FIELD COLLECTION FORM

(Do NOT submit to the State Fire Marshal - this does NOT replace the NFIRS 5.0 forms)

FDID	INCIDENT #	EXP #	MO/DAY/YR	ALARM TIME	ARRIVAL TIME	CONTROLLED	LAST UNIT CLEARED
			/ /				

ALARM LOCATION (Number/Street Name/Apartment #)	CITY	STATE	ZIP CODE

MUTUAL AID	INCIDENT TYPE	ACTIONS TAKEN
☐ N/A ☐ Received ☐ Given (Indicate Dept & incident #)		

RESOURCES			ESTIMATED DOLLAR LOSSES/ VALUES			CASUALTIES		
	Apparatus	Personnel	None ☐	Property	Contents	None ☐	Deaths	Injuries
FD			Pre-Incident Value	$	$	FD (All incidents)		
EMS			Losses	$	$	Civilian (Fire related only)		
Other								

PROPERTY USE	MIXED USE PROPERTY

PERSON / ENTITY INVOLVED ☐ **Check if Address is Same as Incident Address**

Business Name				Area Code	Phone Number
				( )	-

Name Prefix	First Name	MI	Last Name	Name Suffix
☐ Mr ☐ Mrs ☐ Ms				☐ Jr ☐ Sr ☐ MD ☐ I ☐ II ☐ III

Number	Street Name / Apt / PO Box	City	State	Zip Code

OWNER ☐ **Check if Same as Person / Entity Involved** ☐ **Check if Address is Same as Incident Address**

Business Name				Area Code	Phone Number
				( )	-

Name Prefix	First Name	MI	Last Name	Name Suffix
☐ Mr ☐ Mrs ☐ Ms				☐ Jr ☐ Sr ☐ MD ☐ I ☐ II ☐ III

Number	Street Name / Apt / PO Box	City	State	Zip Code

PROPERTY DETAILS

# Residential Living Units	☐ Not Residential	# Bldgs Involved	☐ No Bldgs Involved	# Acres Burned	☐ None ☐ < 1 Acre

IGNITION FACTORS

Area of Origin	Heat Source	Item First Ignited	☐ Confined to Object of Origin

Cause of Ignition: ☐ 1 Intentional ☐ 2 Unintentional ☐ 3 Failure Equip / Heat Source ☐ 4 Act of Nature ☐ 5 Cause Under Investigation

Factors Contributing to Ignition: ☐ None

Human Factors Contributing: ☐ None ☐ 1 Asleep ☐ 2 Possibly Impaired Alcohol / Drugs ☐ 3 Unattended / Unsupervised Person ☐ 4 Possibly Mentally Disabled ☐ 5 Physically Disabled ☐ 6 Multiple Persons Involved ☐ 7 Age a Factor - Estimated Age ☐ Male ☐ Female

EQUIPMENT INVOLVED IN IGNITION ☐ **None**

Equipment Involved	Brand	Model	Serial Number

Equipment Power: **Equipment**: ☐ Portable ☐ Stationary

MOBILE PROPERTY ☐ **Not Involved in Ignition but Burned** ☐ **Involved in Ignition - Did Not Burn** ☐ **Involved and Burned** ☐ **None**

Mobile Property Type	Mobile Property Make	Mobile Property Model	Year

License Plate Number	State	Mobile Property Vehicle Identification Number

STRUCTURE INFORMATION ☐ **Not a Structure Fire**

☐ 1 Enclosed Building ☐ 2 Portable / Mobile Structure ☐ 3 Open Structure ☐ 4 Air Supported Structure ☐ 5 Tent ☐ 6 Open Platform (pier)
☐ 7 Underground ☐ 8 Connective Structure (fence) ☐ Other Type of Structure:

Building Status: ☐ 1 Under Construction ☐ 2 Occupied / Operating ☐ 3 Idle / Not Used Routinely ☐ 4 Under Major Renovation ☐ 5 Vacant / Secured ☐ 6 Vacant / Unsecured ☐ 7 Being Demolished ☐ Undetermined ☐ Other

Building Height (# Stories): Above Grade Below Grade

Story of Fire Origin: ☐ Check if Below Grade

Main Floor Size: X =

Bldg Length	Bldg Width	Total Sq Ft

NUMBER OF STORIES DAMAGED BY FLAME

Minor 1 - 24%	Moderate 25 - 49%	Heavy 50 - 74%	Extreme 75 - 100%

FIRE SPREAD

☐ 1 Object of Origin ☐ 2 Room of Origin ☐ 3 Floor of Origin
☐ 4 Building of Origin ☐ 5 Beyond Building of Origin

DETECTORS ☐ **None Present** ☐ **Present** ☐ **Undetermined**

Detector Type: ☐ 1 Smoke ☐ 2 Heat ☐ 3 Combination Heat / Smoke ☐ 4 Sprinkler / Waterflow ☐ 5 More than One Type ☐ Undetermined ☐ Other

Power Supply: ☐ 1 Battery ☐ 2 Hardwire ☐ 3 Plugin ☐ 4 Hardwire w/ battery ☐ 5 Plugin w/ battery ☐ 6 Mechanical ☐ 7Mult Det / Power Supplies

Detector Operation: ☐ 1 Fire too Small to Activate ☐ 2 Operated ☐ 3 Failed to Operate ☐ Undetermined

Effectiveness: ☐ 1 Alerted Occupants / Responded ☐ 2 Alerted Occupants / Failed to Respond ☐ 3 No Occupants ☐ 4 Failed to Alert Occupants ☐ 5 Battery Missing / Disconnected ☐ 6 Battery Dead / Discharged ☐ Undetermined ☐ Other

AUTOMATIC EXTINGUISHING SYSTEMS ☐ **None Present** ☐ **System Present and Operated** ☐ **System Failed**

AES Type: ☐ 1 Wet Pipe Sprinkler ☐ 2 Dry Pipe Sprinkler ☐ 3 Other Sprinkler System ☐ 4 Dry Chemical System ☐ 5 Foam System ☐ 6 Halogen Type System ☐ 7 Carbon Dioxide ☐ Other ☐ Undetermined

AES Operation: ☐ 1 System Operated & Effective ☐ 2 System Operated Not Effective ☐ 3 Fire too Small to Activate ☐ 4 System did not Operate ☐ Undetermined ☐ Other **Number of Heads Operating:**

AES Failure: ☐ 1 System Shut-Off ☐ 2 Not Enough Agent Discharged to Control Fire ☐ 3 Agency Discharged, but Did Not Reach Fire ☐ 4 Inappropriate System for the Type of Fire ☐ 5 Fire Not in Area Protected by System ☐ 6 System Components Damaged ☐ 7 Lack of Maintenance, including Corrosion, Heads Painted ☐ 8 Manual Intervention Defeated System ☐ Other ☐ Undetermined

CIVILIAN CASUALTY

Name:	Age	☐ Male ☐ Female

Severity: ☐ 1 Minor ☐ 2 Moderate ☐ 3 Severe ☐ 4 Life threatening ☐ Death

Cause of Injury: ☐ 1 Exposed to flame, heat, smoke or gas ☐ 2 Exposed to toxic fumes other than smoke ☐ 3 Jumped to escape ☐ 4 Fell, slipped or tripped ☐ 5 Caught or trapped ☐ 6 Structural collapse ☐ 7 Struck by / contact with object ☐ 8 Overexertion ☐ 9 Multiple causes ☐ Other ☐ Undetermined

Human Factors Contributing to Injury: ☐ 1 Asleep ☐ 2 Unconscious ☐ 3 Possibly impaired by Alcohol ☐ 4 Possibly impaired by Drugs ☐ 5 Possibly mentally disabled ☐ 6 Physically disabled ☐ 7 Physically restrained ☐ 8 Unattended person

Activity When Injured: ☐ 1 Escaping ☐ 2 Rescue attempt ☐ 3 Fire control ☐ 4 Return to fire before control ☐ 5 Return to fire after control ☐ 6 Sleeping ☐ 7 Unable to act ☐ 8 Irrational act ☐ Other ☐ Undetermined

Location at Time of Incident: ☐ 1 In area of origin / not involved ☐ 2 Not in area / not involved ☐ 3 Not in area / involved ☐ 4 In area and involved ☐ Other ☐ Undetermined

Primary Apparent Symptom: ☐ 01 Smoke only, asphyxiation ☐ 11 Burns and smoke inhalation ☐ 12 Burns only ☐ 21 Cut, laceration ☐ 33 Strain or sprain ☐ 96 Shock ☐ 98 Pain only ☐ Other

Primary Area of Body: ☐ 1 Head ☐ 2 Neck and shoulder ☐ 3 Thorax ☐ 4 Abdomen ☐ 5 Spine ☐ 6 Upper extremities ☐ 7 Lower extremities ☐ 8 Internal ☐ 9 Multiple body parts

FIRE SERVICE CASUALTY

Name:	Age	☐ Male ☐ Female

☐ 1 Career ☐ 2 Volunteer	Date / Time of Injury:	# Responses Previous 24 Hours:

Severity: ☐ 1 Report only, including exposure ☐ 2 First aid only ☐ 3 Treated by physician ☐ 4 Moderate ☐ 5 Severe ☐ 6 Life threatening ☐ 7 Death

Activity at Time of Injury:	**Cause of Injury:**
Factors Contributing:	**Object Involved:**
Primary Apparent Symptom:	**Primary Area of Body Injured:**
Protective Equipment Item:	**Protective Equipment Problem:**

NARRATIVE